

Women's Preventive Care Services: Well-woman Visits and Prenatal Care

As a company dedicated to helping people to live healthier lives, UnitedHealthcare encourages our members to receive preventive care services. Under the health reform law, non-grandfathered health plans are required to cover women's preventive care services such as well-woman visits, domestic violence screening, and Food and Drug Administration (FDA)-approved contraception without cost-sharing (copayment, coinsurance or a deductible) as long as they are received in the health plan's network.

Today, UnitedHealthcare covers many women's preventive health care services, including screening mammograms, screenings for cervical cancer including Pap smears, and immunizations with no cost-sharing in qualifying health plans.


The new list of women's preventive care services is an extension of the existing preventive care services provision that went into effect under the health reform law on Sept. 23, 2010. The expanded coverage for women includes breast-feeding support, supplies and counseling, FDA-approved contraception methods and counseling, and several services covered during a well-woman visit along with routine prenatal care.

Members on applicable plans will have access to well-woman visits and prenatal care without cost-sharing when coverage for expanded women's preventive care services becomes effective as of the first health plan renewal date on or after Aug. 1, 2012.

Services provided under the well-woman visits preventive benefit

Well-woman visits, as defined by the health reform law, include visits to obtain the recommended preventive care services, including preconception counseling and prenatal care. Here is the list of services that may be received during a well-woman visit that are available at no cost-share under the preventive benefit:

- Preventive physicals
- Mammogram screening
- Colorectal cancer screening
- Cervical cancer screening
- Immunizations required by the Advisory Committee on Immunization Practices (ACIP)



The following services are newly covered under the expanded women's preventive care services benefit:

- Contraception methods and counseling
- Domestic violence screening and counseling
- Human papillomavirus (HPV) testing beginning at age 30, and for every 3 years thereafter
- Sexually transmitted infections counseling
- Human immunodeficiency virus (HIV) counseling and screening
- Prenatal obstetrical office visits

Services not specified in the Department of Health and Human Services requirements, like radiology services, may not be covered at 100 percent, and a copayment, coinsurance or deductible may apply.

The new coverage for well-woman visits may require multiple preventive visits in the same year for a woman to receive all recommended services.

Prenatal services covered under the preventive benefit


Prenatal services covered without cost-sharing include:

- Routine prenatal obstetrical office visits
- All lab services explicitly identified in the health reform law
- Tobacco cessation counseling specific to pregnant women
- Immunizations recommended by the ACIP
- Counseling for breast-feeding and breast-feeding equipment (breast pumps) and supplies
- Gestational diabetes screening

UnitedHealthcare covers the purchase of a personal, double-electric breast pump at no cost to the member. The personal breast pump is portable and more convenient for members, and on average, less expensive than renting a hospital-grade breast pump. To obtain breast pumps, members will simply need to contact a network doctor or durable medical equipment (DME) supplier by calling the number on the back of their ID card.

Under the law, coverage for gestational diabetes screening is required for pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes. UnitedHealthcare will cover gestational diabetes screening for all pregnant women, regardless of gestational week.

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Prenatal services not covered under the women’s preventive coverage include, but are not limited to, radiology services, delivery and high-risk prenatal services. While radiology services like obstetrical ultrasounds may be part of routine prenatal care, they are not included under the health reform law. A copayment, coinsurance or deductible may apply for these services.

Billing and coding for prenatal services

Prenatal services can be billed by providers in three ways:

1. Evaluation and Management (E/M) codes with the appropriate ICD-9 code
2. Antepartum CPT code with a delivery + postpartum code , or
3. Global obstetrical (OB) codes

The use of global OB codes generally combines the prenatal, delivery and postpartum services and bills them together.

Under the health reform law, the prenatal portion of the visit must be coded as a preventive benefit to be paid without cost-share to the member, and the delivery and postpartum portion of the visit may be paid as a medical benefit with cost-share to the member.

To ensure accurate coding and payment, UnitedHealthcare adopted a methodology based on relative value units (RVUs) from the Centers for Medicare & Medicaid Services (CMS). Based on RVUs, UnitedHealthcare determined that 44 percent of the global OB code should be considered prenatal care and paid as preventive with no member cost-sharing, regardless of which global OB code is billed. Fifty-six percent of global OB codes will be considered delivery and postpartum care which include member cost-sharing. The appropriate fee will calculate based on this percentage. The process will be seamless to health care providers and members, and providers may continue to bill using the method they choose.

Our **Preventive Care Services Coverage Determination Guideline** outlines the codes for doctors and health care professionals to ensure the appropriate services are provided without cost-share.

Healthy Pregnancy Program

UnitedHealthcare’s Healthy Pregnancy Program provides members with a variety of pregnancy support and education materials from a due date calculator to a week-by-week summary of the baby’s growth and development. The Healthy Pregnancy Program also includes reminders to pregnant women to discuss gestational diabetes screening with her doctor or midwife. A Healthy Pregnancy maternity nurse is available to support moms before, during and after pregnancy. Enrollment is available at no additional cost to UnitedHealthcare members at www.healthy-pregnancy.com.



Out-of-network services may have cost-sharing

As with all preventive care services, no cost-sharing applies only when services are received by a network doctor, facility or health care professional.

The health reform law does not require plans and issuers to cover preventive care services, including expanded women's preventive services, received from out-of-network providers. If a plan covers out-of-network preventive services, the plan or issuer may impose cost-sharing requirements, unless an applicable state law otherwise requires first-dollar coverage. If a plan does not cover out-of-network preventive services, then out-of-network preventive services generally will not be covered. However, if a plan does not cover out-of-network *preventive* services, but does have out-of-network *medical* benefits, then UnitedHealthcare will cover out-of-network routine prenatal office visits under the plan's out-of-network *medical* benefits. Any cost-sharing under the out-of-network medical benefit would apply to the prenatal office visits.

For more information

Consult your UnitedHealthcare representative if you have questions about well-woman visits and the expanded list of women's preventive care services. Or, visit the United for Reform Resource Center at uhc.com/reform and click the preventive services provision for the latest health reform news, a link to the Coverage Determination Guideline, educational videos, timelines and frequently asked questions about health reform. General information about what women's preventive services are covered under the health reform law is found at the U.S. Department of Health and Human Resources site <http://www.hhs.gov/healthcare/prevention/index.html>

The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of the ID card.

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